Dow AgroSciences

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Dow AgroSciences LLC
9330 Zionsville Road Indianapolis, IN 46268 USA Tel 317 337 0000 Fax 317 337 0000
dowagro.com

Building 308/2C
March 27, 2014

Document Processing Desk - 6(a)(2)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
William Jefferson Clinton Building
1200 Pennsylvania Avenue, N.W.
Washington, D.C. 20460-0001

RE: FIFRA § 6(a)(2) Report
DERBI #: 290867
State/Country: Parana/ Brazil
Severity Category: H-A

Product Name: DMA 806 BR
Registration Number: OUS Registration
Active Ingredient: 2,4-D DMA salt
CAS Registry Number: 002008-39-1

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

On February 21, 2014, an agent of Dow AgroSciences became aware of an alleged attempted suicide of DMA 806 BR herbicide by a 37 year old male, in Brazil. Subsequently, on March 13, 2014 Dow AgroSciences was provided additional information indicating that the patient died on February 23, 2014. Attached is the individual incident report detailing the initial call and subsequent information regarding this alleged human death.

If you wish to discuss this matter further, please contact me at 317-337-4983.

Regards,

Shannon Bass

Shannon Bass
Global Hazard Communication & Compliance Leader

Prepared by:

Tarra Holman
Global Adverse Effects Reporting Coordinator

aerc@dow.com

Attachments

Scanned + emailed 4/7/2014 to HED Incident Team + K. Montague N. Spurlock US EPA

Personal privacy information

DERBI - REPORT
290867

Dow AgroSciences — Global Adverse Effects Reporting Form

Section 1. Administrative Data

Your Name (last name, first name)	Your Location (select country from dropdown list)	Employee ID (e.g., U123456)	Date You Became Aware of Adverse Effect Allegation (mm/dd/yyyy)
Nogueira, Danielle	Brazil	u395814	03/13/2014

Reporter Name (person/organization reporting information to you)	Reporter Address (street, city, state/province, country)	Reporter Phone Number (include area/country code)	☐ New Report ☑ Update to Previous Report
[redacted]	[redacted]	[redacted]	

Contact Name (if different than reporter name)	Contact Address (street, city, state/province, country)	Contact Phone Number (include area/country code)
[redacted]	[redacted]	[redacted]

Section 2. Pesticide(s) Involved (Include Dow AgroSciences Crop Protection and Seeds Traits & Oils, as well as, third-party products)

Product Name	Active Ingredient(s)	Registration #	Diluted or Concentrated	Tank Mix Partner?
DMA 806	2,4-D , SAL DIMETILAMINA	2108604	Unknown	

Section 3. Circumstance Information (complete the Form based on information available at the time you become aware of an allegation; no investigation is required)

Date of Exposure or Alleged Adverse Effect (mm/dd/yyyy)	Location of Exposure or Alleged Adverse Effect — City	State/Province	Country
02/21/2014	Apucarana	Parana	Brazil

Type of Exposure/Event (check all that apply)

☑ Human ☐ Plant Damage ☐ Water Contamination (e.g., drinking water, surface water, groundwater) ☐ Property Damage ☐ Study
☐ Domestic Animal ☐ Fish or Wildlife ☐ Other Non-target Organism (e.g., beneficial insects) ☐ Packaging Failure ☐ Other (e.g., development of resistance, spill, etc.)

Situation	Use Site	How Exposed	Route of Exposure (for human and animal only)
Other	Other	Attempted Suicide	Ingestion/Oral

Was Protective Clothing Worn?	Were Label Directions Followed?	Was Exposure Intentional? (e.g., suicide attempt)	Any Evidence of Intentional Product Misuse?
No		Yes	Yes

Provide Brief Description of Circumstances

Doctor informs that have a patient ingested about 100 ml of DMA. The patient had obnubilated, agitation and hypertension. The doctor informs that the patiet was treated in other hospital with atropine,promethazine and chlorpromazine.Was instructed about the product and treatment. New Information - Patient died in 02/23/2014. No information about autopsy

List Symptoms, If Any

Obnubilated, agitation and hypertension.

Who Made the Application?	If Other, Please Specify	Is Applicator Certified?	Method of Application	Application Rate
Not applicable				

If Human Exposure:

Person 1: Age	Gender	Duration of Exposure (minutes, hours, days, etc.)	Time Between Exposure and Onset of Symptoms (minutes, hours, days, etc.)	Type of Medical Care Sought
37	Male	NA	Unknown	Hospital Inpatient

If Domestic Animal Exposure:

For AE COE Use Only

Date AE COE Recieved: 3/14/14

Severity Category(s): HA

Report: Yes X No

If no, why?:

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Animal 1: Indicate Type (e.g., dog, cat, horse, cow, etc.)

Breed/Species

Number Affected

Type of Veterinary Care Sought

If Wildlife Exposure:

Wildlife 1: Indicate Type

Species

Number Affected

If Plant Damage:

Plant 1: Indicate Type

Species (e.g., corn, soybeans, tomatoes, etc.)

Plants Affected

Number of Acres Exposed

Number of Acres Affected (showing symptoms)

Additional Information, if Available (e.g., if sampling and/or analysis was performed, provide laboratory results)

Section 4. Study Information (complete this section if you are reporting study-related adverse effects)

Check the category that best describes the type of study information you are reporting:

- ☐ Toxicological
- ☐ Ecological
- ☐ Metabolites, Degradates, Contaminants, or Impurities
- ☐ Pesticides Detected in or on Food, Feed, or Water
- ☐ Human Epidemiological or Exposure
- ☐ Failure of Performance Information

Was Study Discontinued Before Planned Termination?

Is Study Complete? (If yes, submit copy of study report with this Form)

Type of Effect(s) Observed

Species and Strain

Dose(s) or Volume(s)

Number/Sex/Dose

Exposure/Dose Route

Treatment Regimen (frequency/duration of exposure)

Provide Brief Explanation of Triggering Effect